



APPLICATION FOR A VIRGINIA LICENSE

(Application for a teaching license, pupil personnel services license (guidance counselor, school psychologist, etc.), division superintendent license, and a license to serve as an administrator and supervisor)

Thank you for your interest in licensure in Virginia. Please follow the guidelines below and complete the application forms, attach all required documentation, and return all completed information in a single packet to the address noted below. If you are employed in a Virginia educational agency, please submit your completed application packet directly to the appropriate individual in your school division or nonpublic school.

Please submit a complete packet. If an incomplete packet is submitted and a license cannot be issued, your application information will only be retained for one year. If a license has not been issued within a year, you will be required to resubmit a complete packet, including the fee. Please follow the instructions below to determine your eligibility for and procedures to apply for licensure.

CRITERIA FOR SUBMITTING AN APPLICATION FOR AN INITIAL VIRGINIA LICENSE

You may submit an application for an **initial** Virginia license if you meet the criteria in at least one of the following:

- Have completed a state-approved teacher preparation program, to include student teaching (If you have completed a Virginia approved program, you should request that your application be submitted by the college or university);
- Have completed a state-approved school counselor, school psychologist, visiting teacher, school social worker or vocational evaluator or hold a current, valid license in another state in one of these pupil personnel services areas;
- Hold a current, valid license from another state with comparable endorsement(s) or teaching area(s); or
- Are employed full-time under contract by a Virginia school division (Please submit your application directly to the employing school division.);

- Have completed an approved program in administration and supervision or hold a current, valid out-of-state license in administration and supervision. [An individual who holds a Virginia teaching license and who is seeking to add an administration and supervision endorsement does not need to submit an application for an initial license, but rather request an additional endorsement.]
- Are seeking a division superintendent license. (Please note the specific procedures for submitting a division superintendent license application.)

PLEASE NOTE:

Do **not** submit a new application for a license if you hold a five-year renewable Virginia license that has expired. You must meet the renewal requirements that are noted in the *Virginia Licensure Renewal Manual*.

Refer to the **Procedures for Adding an Endorsement** if you are seeking an additional endorsement on your Virginia license.

**PROCEDURES FOR APPLYING FOR AN INITIAL
VIRGINIA LICENSE FOR TEACHERS,
ADMINISTRATORS AND SUPERVISORS,
AND PUPIL PERSONNEL SERVICES PERSONNEL**

Step 1- Application Form: Please respond to all questions. [The procedures for applying for a division superintendent license are listed in the next section.]

Step 2- Nonrefundable Application Fee: Attach a certified check, cashier's check, money order, or personal check made payable to the Virginia Department of Education. The in-state fee is \$50 and the out-of-state fee is \$75. **Note: The fee is determined by the address on your application. A \$25 processing fee is assessed for a returned check.**

Step 3- College Verification Form: Send this form to the certification/licensure officer of the college/university where you completed a state-approved program and/or to the designated official of the college/university from which your most recent degree was earned. The student teaching/practicum/internship verification (Part II) must be completed for each student teaching/practicum/internship experience. (If you have completed a state-approved program at the undergraduate and graduate levels, please have both institutions complete a form.)

Step 4- Report on Experience: Request the completion of this form by the appropriate nonpublic or public school division official if you have completed at least one year of full-time contractual teaching or other school professional experience in kindergarten through grade 12.

Step 5- Professional Teacher's Assessment Scores: Please submit a copy of your Professional Teacher's Assessment scores, if required. Virginia requires the Praxis I beginning teacher's assessment and the Praxis II content knowledge test, if a Praxis II test is required in Virginia in the teaching area sought. (If you have completed two years of successful, full-time teaching experience in an accredited public or nonpublic school outside the state of Virginia, you are exempt from the assessment requirements.)

Step 6- Official Student Transcripts: Contact the registrar's office of each college or university where you have earned degrees or completed course work. **Request official student transcripts to be sent to you and submit the transcripts with your application packet.** Official student transcripts (bearing the registrar's signature and embossed seal) which have been issued to students **are** acceptable. Placement records sent from colleges, grade reports, and photocopies of transcripts will not be accepted or returned.

Step 7- Out-of-state License(s): Submit a **photocopy** of each current out-of-state license.

PROCEDURES FOR APPLYING FOR A DIVISION SUPERINTENDENT LICENSE

Step 1- Application Form: Please respond to all questions. [If you are applying for a teaching license and a superintendent license, please check both boxes on the application and review the procedures for both licenses. You may submit your credentials in one packet.]

Step 2- Nonrefundable Application Fee: Attach a personal check, certified check, cashier's check, or money order made payable to the Virginia Department of Education. The in-state fee is \$100 and the out-of-state fee is \$150. Note: The fee is determined by the address on your application. **A \$25 processing fee is assessed for a returned check.**

Step 3- Report on Experience: Request the completion of this form by the appropriate school official(s) to verify at least five years of full-time experience in an accredited public and/or nonpublic school, two years of which must be teaching experience at the kindergarten through grade 12 and two years of which must be in administration/supervision.

Step 4- Official Student Transcripts: Request **official student transcripts** from the registrar's office of each college or university where you earned graduate degrees and/or completed graduate course work. Official student transcripts (bearing the registrar's signature and embossed seal) which have been issued to the student are acceptable. (Placement records sent from colleges, photocopies of transcripts, and grade reports will not be accepted or returned.)

Step 5- Out-of-state License(s): Submit a **photocopy** of your out-of-state division superintendent license, if applicable.

DEPARTMENT OF EDUCATION ADDRESS
--

Return all completed information in a single packet to:

**Virginia Department of Education
Division of Teacher Education and Licensure
P.O. Box 2120
Richmond, VA 23218-2120**



Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120 · Richmond, VA 23218-2120

APPLICATION FOR A VIRGINIA LICENSE

Please Check:

License Requested: _____ **Initial License (Fee--\$50 in-state; \$75-Out-of-state)** _____ **Division Superintendent License (Fee--\$100-in-state; \$150-out-of-state)**

PART I--INFORMATION

PLEASE PRINT OR TYPE

Social Security Number		Date of Birth (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III, etc.)
Address (Street, City, State, Zip Code)			
Daytime Telephone Number (include area code) ()	Home Telephone Number (include area code) ()	Gender—for statistical purposes only _____ Male _____ Female	
Race—for statistical purposes only (check one) _____ 1. American Indian/Alaskan Native _____ 2. Asian or Pacific Islander _____ 3. Black (not of Hispanic Origin) _____ 4. Hispanic _____ 5. White (Not of Hispanic Origin)			

PART II

Have you ever been convicted of a felony in the U.S. (or territories) or found guilty of a criminal offense in another country? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes	_____ No
Have you ever been found guilty of a misdemeanor involving children or drugs? (If yes, attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court of conviction.)	_____ Yes	_____ No
Have you ever had a teaching certificate or license denied, revoked, cancelled, or suspended? (If yes, please attach a statement giving full details and official documentation of the action taken.)	_____ Yes	_____ No

PART III--EDUCATION (only colleges and universities--BA/BS and MA/MS)

Name of Institution	Location	Dates Attended	Degree (if earned)	Major/Major Subjects

PART IV--EXPERIENCE (Grades K-12 only -- Full-time, contractual experience only, not substitute, summer school, or aide)

Name of School	Location	Dates of Employment (Month/Year to Month/Year)	Grade(s)/Subject(s) Taught

PART V--OUT-OF-STATE EDUCATIONAL LICENSE - Must be completed if applicable (ENCLOSE A PHOTOCOPY OF EACH LICENSE)

State:	First issue date:	Last expiration date:
State:	First issue date:	Last expiration date:

PART VI--COMPLETE IF YOU HAVE ACCEPTED A POSITION IN VIRGINIA REQUIRING A LICENSE

Name of Employer :	Beginning Date of Employment:	Assignment:
--------------------	-------------------------------	-------------

BY MY SIGNATURE, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE. I UNDERSTAND THAT MISREPRESENTATION MAY RESULT IN THE DENIAL/REVOCATION OF THE VIRGINIA LICENSE.

Date _____ Applicant's Signature _____



Virginia Department of Education
Division of Teacher Education and Licensure
P. O. Box 2120
Richmond, VA 23218-2120

COLLEGE VERIFICATION FORM

The primary purpose of this form is to determine whether an applicant for licensure has completed a state-approved preparation program at the graduate or undergraduate level. In these cases, the form must be completed by the appropriate certification/licensure official of the college/university where the program has been completed. In the cases where the candidate has not completed a preparation program, this form may be signed by the official designated by the president of the college/university from which the individual received his/her most recent degree. The completed form must be submitted to this office by the applicant along with other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

PART I

Social Security Number:		Date of Birth : (Month/Day/Year)	
Last Name	First Name	Middle Name	Suffix (Jr., Sr., III.)
Address (Street, City, State, Zip Code)			
Name of Institution			
Degree and Date of Conferral			

PART II: Please check the appropriate block:

YES ☐ **NO** ☐ The applicant satisfactorily completed a state-approved preparation program and completed endorsements (teaching areas, administration and supervision, or pupil personnel services) in the following:

PART III: Student Teaching, Internship, and/or Practicum Experience:

Course Title: _____ Course Number: _____
Semester Hours: _____ Clock Hours: _____

- A. High school grades(s), subjects(s) _____ (Do not include special education experience here - use line C)
B. Elementary grade(s): _____ (Do not include special education experience here - use line C)
C. Specific special education area(s)* and grade level(s) _____

*Virginia has eight separate areas of endorsement in special education for which a separate student teaching and/or practicum experience is required. They are the following: Early Childhood Special Education, Emotional Disturbance, Hearing Impairment, Mental Retardation, Severe Disabilities, Specific Learning Disabilities, Speech/Language Disorders, and Visual Impairment. Please specify the exact nature of the exceptional child (children) Included in the student teaching/practicum experience.

Special subject areas(s) (i.e., Art Music, P.E.): _____ Grade level(s): _____

Requisite to compliance with the licensure regulations established by the Virginia Board of Education are the following conditions: the applicant must be at least 18 years of age and must possess good moral character. I certify on the basis of my information and belief that the applicant possesses good moral character.

DATE: _____ SIGNATURE: _____

NAME: _____

TITLE: _____



Virginia Department of Education
Division of Teacher Education and Licensure
P.O. Box 2120
Richmond, VA 23218-2120

REPORT ON EXPERIENCE

DIRECTIONS: A report verifying experience must be completed by the appropriate nonpublic school or public school division official if the applicant for initial licensure has had a total of at least one year of full-time, contractual teaching experience or held other professional positions in an **accredited** nonpublic or public school. The completed form must be submitted to this office by the applicant along with all other items required for licensure or to the Virginia school administrator with whom the applicant has accepted employment.

Last Name	First Name	Middle Name
Social Security Number: _____ - _____ - _____		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF ACCREDITED SCHOOL (Please report only full-time, contractual experience in an accredited nonpublic or public school. Experience as a substitute teacher or aide should not be listed.)	POSITION HELD	GRADE LEVEL OR SPECIFIC SUBJECT TAUGHT	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

Total number of years of full-time teaching experience: _____

Total number of years of full-time experience in administration and supervision: _____

Total number of years of full-time experience in a pupil personnel services area (counselor, psychologist, social worker, visiting teacher, vocational evaluator): _____

By my signature, I verify that the above-named person was successfully employed full-time, under contract in the **accredited** school(s) and for the period(s) listed above.

DATE: _____

SIGNATURE: _____

NAME: _____

TITLE: _____

ADDRESS: _____